

## **Office of Deaf Services**

## **Interpreter Exchange Program Verification of Hours**

Interpreter's Name:			
Date	Facility/Agency	Hours	Representative Signature*

Email form to david.kingsbury@dmh.mo.gov; fax to 573-526-1857 Attn: David Kingsbury; or mail to: DMH Office of Deaf Services, PO Box 687, Jefferson City, MO 65102.

<sup>\*</sup>For cancellations with less than 24-hours' notice, provide name and phone number of person cancelling.